

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/528,993-Conf. #6390
		Filing Date	January 11, 2006
		First Named Inventor	Hannu MIKKONEN
		Examiner Name	G. Krishnan
		Art Unit	1623
TOTAL AMOUNT OF PAYMENT		(\$)	490.00
		Attorney Docket No.	0365-0624PUS1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES	Small Entity Fee (\$)	Fee (\$)
Fee Description		
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fees Paid (\$)
15	- 20 =	x	=			
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)			
3	- 3 =	x	=			
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fees Paid (\$)
_____	- 100 =	/50 = _____ (round up to a whole number) x	_____

4. OTHER FEES (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1252 Extension for response within second month	490.00

SUBMITTED BY			
Signature		Registration No.	28,977
Name (Print/Type)	Gerald M. Murphy, Jr.	Telephone	(703) 205-8000
		Date	June 26, 2009